

missing  
TSD

NOTICE

FACILITY NAME: Appal Power Co. Glen Lyn

EPA ID NUMBER: VAD 001894542

PRESENT C1105 CODE: 5

PRESENT C305 CODE: 5

CORRECT C1105 CODE: 5

CORRECT C305 CODE: blank

The current status of the above facility is:

- ☐ ( ) Certified Closure
- ☒ (X) State confirms facility is not a TSD facility
- ☐ ( ) State confirms facility is less than 90 day storage
- ☒ (X) Closure not necessary
- ☐ ( ) Facility converted to Generator status w/o full closure
- ☐ ( ) Facility is a Transporter

ADDITIONAL INFORMATION ON THE STATUS OF THIS FACILITY:

Jennifer Juri  
Signature of Reviewer

7/20/88  
Date



Non-Handler C-703-1

C1101-3

Gen

TSD

C1105-4

AUG 6 1987

C303

NON-HANDLER - CAN TAKE OUT OF SYSTEM

Urgent changes to the following C1105/C305 code is requested.

FACILITY NAME: APPAL. Power Co. G/PA LYN

EPA ID#: VAD001894542

PRESENT C1105 CODE 4

PRESENT C305 CODE 5 ~~delete~~

CORRECT C1105 CODE 45

CORRECT C305 CODE delete

The current status of the above facility is:

- ☐ Certified Closure
- (?) ☒ State confirms facility no longer a TSD.
- ☐ State confirms facility is a less than 90 day storage
- ☒ No closure is necessary
- ☐ The facility converted to Generator status w/o full closure
- ☐ The facility is a Transporter

303=1  
P32 8/6/87 FE

Additional information on the status of this facility.

Christopher P. Thomas  
Signature of Compliance Officer

8/6/87  
Date

DATE CHANGE TO C1105/C305 CODE WAS MADE BY (3HW34) \_\_\_\_\_

cc: Facility File

What is it?





## APPALACHIAN POWER CO.

Post Office Box 2021, Roanoke, Virginia 24022

Telephone: area code (703) 985-2300

RECEIVED  
RCRA SUPPORT SECTION

January 6, 1987

JAN 08 1987

U.S. EPA, Region III

Ms. Diana J. Austin  
Compliance Monitoring  
and Enforcement Section  
State of West Virginia  
Department of Natural Resources  
Division of Waste Management  
1260 Greenbrier Street  
Charleston, West Virginia 25311

Dear Ms. Austin:

This letter is to respond to your letter dated December 8, 1986, concerning Notification of Hazardous Waste Activities at four facilities owned and operated by Appalachian Power Company. The four facilities are:

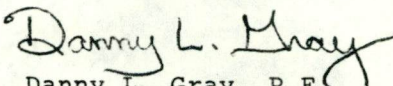
Johnson Lane Substation: Huntington, W. Va. ✓  
Welch Service Center: Welch, W. Va.  
Beckley Station: Beckley, W. Va.  
Bluefield Service Center: Bluefield, W. Va.

Each facility currently leases a parts washer unit from Safety Kleen Corporation which is serviced on a routine basis by Safety Kleen personnel. Safety Kleen Corporation lists the cleaning solution as "mineral spirits" (99.9+%) and as a 'D001' ignitable waste. The service schedule for changing the solvent is once every six weeks with 80 pounds of solvent exchanged each time. Safety Kleen Corporation recycles the spent solvent at their facility.

If you have additional questions or concerns, please contact our office at (703) 985-2376.

Sincerely,

Edward L. Kropp  
Environmental Affairs Director

By:   
Danny L. Gray, P.E.  
Environmental Engineer Senior

ELK:DLG:d  
Attachment

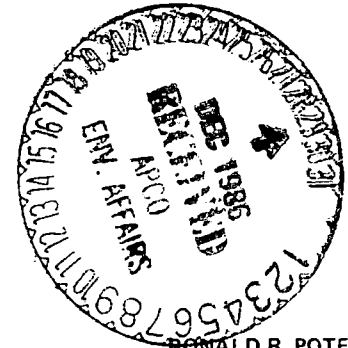
cc: ✓ U.S. Environmental Protection Agency  
Region III  
Philadelphia, PA 19106



STATE OF WEST VIRGINIA  
DEPARTMENT OF NATURAL RESOURCES

CHARLESTON 25305

Division of Waste Management  
1260 Greenbrier Street  
Charleston, WV 25311  
304/348-5935



ARCH A. MOORE, JR.  
Governor

RONALD R. POTESTA  
Director

MICHAEL A. FOTOS  
Deputy Director

December 8, 1986

Mr. E. L. Kropp  
Appalachian Power Company  
P. O. Box 2021  
Roanoke, Virginia 25701

Dear Mr. Kropp:

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown on the enclosed form to comply with Section 4.00 of the West Virginia Administrative Regulations, Series XV. Your Environmental Protection Agency Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste must file with the Chief; on all applications for a Hazardous Waste Permit; and other hazardous waste management reports and documents required under Chapter 20, Article 5E of the Code of West Virginia.

In order to assist us in making the initial files for first time notifiers, we are requesting that within fifteen (15) days you submit to our office a letter briefly outlining how each waste listed on the notification form is generated, how much of each waste is generated each month and what types of management methods are used prior to off-site removal of your hazardous wastes.

All notifications, changes and correspondence should be made through the West Virginia Department of Natural Resources, Division of Waste Management with copies sent to the U. S. Environmental Protection Agency, Region III, Philadelphia, Pennsylvania.

Should you have any questions concerning this matter, please do not hesitate to contact this office.

Sincerely,

DIVISION OF WASTE MANAGEMENT

Diana J. Austin  
Compliance Monitoring  
and Enforcement Section

DJA/pd  
Enclosure





**APPALACHIAN POWER CO.**

Post Office Box 2021, Roanoke, Virginia 24022  
Telephone: area code (703) 985-2300

February 23, 1984

CERTIFIED LETTER

Mr. William F. Gilley, Director  
Division of Solid & Hazardous Waste Management  
Department of Health  
Commonwealth of Virginia  
Richmond, Virginia 23219

Ms. Joan Henry (3HW32)  
U. S. Environmental Protection Agency  
Region III  
Sixth and Walnut Streets  
Philadelphia, Pa. 19106

Re: Permit Withdrawal Report  
Appalachian Power Company  
Glen Lyn Plant  
EPA I.D. No. VAD001894542

RECEIVED  
Facilities Management Section

FEB 28 1984

U.S. EPA, Region III

Dear Mr. Gilley and Ms. Henry:

On November 17, 1980, Appalachian Power Company (APCo) submitted to U. S. EPA, Region III, a hazardous waste permit application for the above facility in accordance with the Resource Conservation and Recovery Act (RCRA). The application was submitted as a precautionary measure to obtain interim status; however, to date no hazardous wastes have been treated, stored, or disposed.

Since APCo does not anticipate on-site treatment, storage, or disposal in the future, we are hereby withdrawing the Part A application and will not file a Part B application. Any hazardous waste that may be generated will be accumulated on-site for ninety days or less for off-site disposal.

If you have any questions concerning this letter or the facility, please call me at (703) 985-2429.

Sincerely,

Edward L. Kropp  
Environmental Affairs Director



cc: Mr. Charles Greene  
U. S. EPA, Region III  
Philadelphia, Pa. 19106



# RECORD OF COMMUNICATION

☒ PHONE CALL ☐ DISC ON ☐ FIELD TRIP ☐ CONFERENCE  
☐ OTHER (SPECIFY)

(Record of item checked above)

TO Facility Contact:

Danny Gray

703-985-2429

FROM:

Chuck Green

DATE

2/9/84

TIME

0849

SUBJECT

Status of TSD Facility -- Memo to File

## SUMMARY OF COMMUNICATION

Name of Facility: APCO - Glen Lyn Plant

I.D. Number : VAD001894542

- ☒ Facility does presently generate hazardous waste
- ☐ Facility does not presently generate hazardous waste
- ☐ Facility stores hazardous waste for more than 90 days
- ☐ Facility does not store for more than 90 days
- ☐ Facility is a recycler
- ☐ Facility incinerates hazardous waste
- ☐ Facility does not incinerate hazardous waste
- ☐ Facility does dispose hazardous waste off-site
- ☐ Facility does not dispose hazardous waste off-site

501  
T04  
502

- ☒ Facility will submit letter requesting withdrawal of their Part A for any of the reasons listed above.

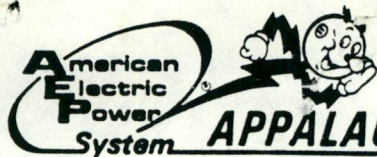
## CONCLUSIONS, ACTION TAKEN OR REQUIRED

- ☒ Coded as: 1105/4
- ☐ Facility remains in system as: Generator

## INFORMATION COPIES

TO:





## APPALACHIAN POWER CO.

Post Office Box 2021, Roanoke, Virginia 24022

Telephone: area code (703) 985-2300

January 25, 1982

CERTIFIED LETTER

U. S. Environmental Protection Agency  
Sixth and Walnut Streets  
Philadelphia, Pennsylvania 19106  
Attention: Ms. Shirley Bulkin (3EN24)

Dear Ms. Bulkin:

In reply to your letters dated December 30, 31, 1981, we are hereby notifying your office that the new permanent identification numbers for the following facilities of Appalachian Power Company will be used starting on February 1, 1982.

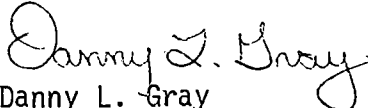
<u>Facility</u>	<u>Old I. D. Number</u>	<u>New I. D. Number</u>
Clinch River Plant St. Rt. 65 Carbo, Virginia 24225	VAT000621169	VAD980554596
Glen Lyn Plant U. S. Rt. 460 Glen Lyn, Va. 24093	VAT000621524	VAD001894542
Philip Sporn Plant U. S. Rt. 33 New Haven, WV 25265	WVT000620617	WVD980554703
John E. Amos Plant U. S. Rt. 35 St. Albans, WV 25177	WVT000621821	WVD980554646
Mountaineer Plant U. S. Rt. 33 New Haven, WV 25265	WVT000620096	WVD980554463
Kanawha River Plant U. S. Rt. 60 Glasgow, WV 25086	WVT000621896	WVD980554588
Point Pleasant Storage Area Point Pleasant, WV 25550	WVT000620609	WVD980554521

Ms. Shirley Bulkin  
January 25, 1982  
Page Two

If you have any questions, please contact me at 703-985-2376.

Sincerely,

Richard E. Northup  
Environmental Affairs Director

By:   
Danny L. Gray  
Environmental Engineer

REN:DLG:dd





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS

PHILADELPHIA, PENNSYLVANIA 19106

Certified Mail

Return Receipt Requested

December 30, 1981

Mr. John W. Vaughan  
Appalachian Power Co.-Glen Lyn Plant  
P.O. Box 2021  
Roanoke, VA 24022

Re: EPA Identification Numbers

Facility Location: US RT 460  
Glen Lyn, VA 24093

Dear Mr. Vaughan:

Shortly after the filing of a Notification of Hazardous Waste Activity form (EPA-8700-12) with the EPA for the above facility, a temporary identification number VAT 00 062 1524 was issued in order to expedite the issuance of I.D. numbers.

A permanent identification number VAD 00 189 4542 has now been assigned for your facility. Realizing that you might have a supply of Manifest forms printed with the temporary number and you may have to contact companies with which you deal, you are permitted to use the temporary number for up to six months. You may, however, start using your permanent number immediately.

It is requested that you let this office know, within 30 days of receipt of this letter, the date you intend to implement the use of the new permanent EPA Identification Number by contacting Joan Henry, a member of my staff, on 215-597-8751 or by writing to: EPA, 6th & Walnut Streets, Philadelphia, PA 19106, Attn: Shirley Bulkin (3EN24). With this information we will have an accurate record of your I.D. number and be able to avoid possible confusion.

Sincerely yours,

*Shirley D. Bulkin*

Shirley D. Bulkin

Chief, RCRA Administrative Support Section  
Permit Enforcement Branch

cc:

Mr. Jim Saunders  
Dept. of Health - VA



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

REGION III

6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

JUL 31 1981

Mr. John W. Vaughan  
Appalachian Power Co - Glen Lyn Plant  
P. O. Box 2021  
Roanoke, VA 24022

Dear Mr. Vaughan:

This is to acknowledge that the Environmental Protection Agency has completed processing the information submitted in your Part A Hazardous Waste Permit Application. It is the Agency's opinion, based on the assumption that the information submitted is complete and accurate, you as an owner or operator of a hazardous waste management facility have met the requirements of Section 3005(e) of the Resource Conservation and Recovery Act (RCRA) for Interim Status. EPA has not verified the information submitted. If it is determined that the information is incomplete or inaccurate, you may be asked to provide additional information or in certain circumstances it may be determined that you do not qualify for interim status. In addition, this notice does not preclude a citizen from taking legal action under the provisions of Section 7002 of RCRA.

A facility not meeting the requirements for interim status under Section 3005 of RCRA may be required to close until such time as a hazardous waste permit is issued. Interim status may also be terminated, according to procedures in 40 CFR Part 124, if the owner or operator fails to furnish additional information which EPA requests in order to process a permit application.

As an owner or operator of a hazardous waste management facility, you are required to comply with the interim status standards as prescribed in 40 CFR Parts 122 and 265 or with State rules and regulations in those States which have been authorized under Section 3006 of RCRA. In addition, you are reminded that operating under interim status does not relieve you from the need to comply with all applicable State and local requirements.

The enclosure to this letter identifies the processes your facility may use, their design capacities, and types of waste your facility may accept during interim status. This information was obtained from the Part A Permit Application. If you wish to handle new wastes, change processes, increase the design capacity of existing processes, or change ownership or operational control of the facility, you may do so only as provided in 40 CFR Sections 122.22 and 122.23.



If you have any questions concerning this letter, please write to the address shown or call Bill Walsh at 215/597-1230.

Sincerely yours,

*Shirley D. Bulkin*

Shirley D. Bulkin  
Chief, Administrative Support Section  
Permit Enforcement Branch

Enclosure

CONDITIONS OF OPERATION DURING  
INTERIM STATUS

Date Prepared: July 31, 1981

The information shown below is based solely on the information that the owner and operator of this facility submitted in Part A of the Hazardous Waste Permit Application. This is not a determination by EPA that this facility is an environmentally acceptable facility for treating, storing or disposing of the hazardous wastes listed below.

I. Facility name, location, and EPA Identification Number.

Name: Appalachian Power Co - Glen Lyn Plant

Location: US Route 460  
Glen Lyn, VA 24093

EPA I.D. No.: VAT 00-062 1524

II. EPA considers the following to be the owner or operator of the facility and therefore the person(s) who must comply with the requirements set forth in 40 CFR Parts 122 and 265.

Owner's Name: John W. Vaughan, President

Operator's Name:

III. During the period of interim status, the facility may use only the following processes for treating, storing or disposing of hazardous waste, up to the design capacities that are indicated.

<u>PROCESS</u>	<u>DESIGN CAPACITY</u>
<u>S01</u>	<u>550 Gals.</u>
<u>S02</u>	<u>20,000 Gals.</u>
<u>T04</u>	<u>144,000 Gals/Day</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

IV. During the period of interim status, the facility may handle only the hazardous wastes with the following EPA Hazardous Waste Numbers, and/or solid waste exhibiting hazardous characteristics with the following EPA Hazardous Waste Numbers.

<u>F001</u>	<u>D001</u>	<u>D007</u>	<u> </u>	<u> </u>
<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>





UNITED STATES ENVIRONMENTAL PROTECTION AGENCY  
REGION III  
6TH AND WALNUT STREETS  
PHILADELPHIA, PENNSYLVANIA 19106

EPA I.D. # VAT000621524

January 2, 1981

Glen Lyn Plant Appalachian Power Co.  
Mr. R.E. Northrup  
P.O. Box 2021  
Roanoke, Va. 24022

Re: Acknowledgment of Application for  
a Hazardous Waste Permit

This is to acknowledge that the Environmental Protection Agency has received: (1) A notification pursuant to Section 3010 of the Resource Conservation and Recovery Act for the facility located at the address shown above; and (2) Part A of a Hazardous Waste Permit Application for that facility, including a signed statement that the operation of the facility, or its construction, began prior to November 19, 1980. While the information provided by these submissions has not been fully reviewed for completeness or accuracy, EPA will accept this information as an initial qualification for interim status pursuant to Section 3005 of the Act. If after further review of this information, EPA determines that the owner or operator did not fulfill all the requirements for interim status, EPA may treat the owner or operator as not having qualified for interim status pursuant to that section and will advise the owner or operator of that determination. Facility owners and operators with interim status must comply with the standards set forth at 40 CFR Part 265 until a permit is issued. Interim status may be terminated if the owner or operator fails to furnish any additional information requested by EPA in order to process a permit application.

Hazardous Waste Quantity Notification

Business Name Appalachian Power Company - Glen Lyn Plant

Business Address P. O. Box 2021

Roanoke, Virginia 24022

EPA ID Number VAD001894542

Hazardous Waste Generated

0 - 100 kg/month ☒

100 - 1000 kg/month ☐

1000 kg/month or more ☐

Danny L. Gray

Danny L. Gray, P.E.  
Environmental Engineer Senior

Signature and Title

\*Note: EPA ID Number is maintained as a precautionary measure even though no hazardous wastes are currently generated.





Official Business  
Penalty for Private Use  
\$300

FIRST-CLASS MAIL  
POSTAGE & FEES PAID  
EPA  
PERMIT NO. G-35

United States  
Environmental Protection  
Agency

Washington DC 20460

JOHN A ARMSTEAD  
VA/WV SECTION (3HW31)  
US EPA REGIONIII  
841 CHESTNUT ST.  
PHILADELPHIA, PA 19107

EPA Form 5180-11 (5-79)

```

*****
*                               RCRIS: Add/Update/Delete Comments Screen                               *
*****
*      EPA ID:  VAD001894542   Other ID:                               Source:  N                               *
*                                                                                                     *
*      Action   Comments:                                                                                   *
*                                                                                                     *
*      FORMER CO NAME:  APPAL POWER CO GLEN LYN                                                         *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*                                                                                                     *
*****
*Enter-Continue                F3-Exit                F4-Exit Group Process*
*                               F9-First                F10-Next                *
*****

```



ACKNOWLEDGEMENT OF NOTIFICATION  
OF REGULATED WASTE ACTIVITY  
(VERIFICATION)

This is to acknowledge that you have filed a Notification of Regulated Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

+ VAD001894542

04/15/96

INSTALLATION ADDRESS

AEP GLEN LYN PLT  
RT 1 BOX 20  
GLEN LYN, VA 24093  
EVERETT TOWNLEY PLT MGR

HWY 460  
GLEN LYN, VA 24093



**ACKNOWLEDGEMENT OF NOTIFICATION  
OF HAZARDOUS WASTE ACTIVITY  
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

• VAT000621524

INSTALLATION ADDRESS

GLEN LYN PLANT APPALACHIAN POWER CO  
PO BOX 2021  
ROANOKE VA 24022

US RT 460  
GLEN LYN VA 24093



S	W	MAT	00062152421	T/A	C
1	2	3	4	5	6

## IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1 23 - 26	2 F 0 0 2 23 - 26	3 F 0 0 3 23 - 26	4 F 0 0 5 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 23 - 26	32 23 - 26	33 23 - 26	34 23 - 26	35 23 - 26	36 23 - 26
37 23 - 26	38 23 - 26	39 23 - 26	40 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
---------------	---------------	---------------	---------------	---------------	---------------

E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE  
(D001)

☒ 2. CORROSIVE  
(D002)

☒ 3. REACTIVE  
(D003)

☒ 4. TOXIC  
(D000)

## X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME &amp; OFFICIAL TITLE (type or print)

DATE SIGNED

J. W. Kepner  
Vice President-Operations

8/14/80



U.S. ENVIRONMENTAL PROTECTION AGENCY  
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

**INSTRUCTIONS:** If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

PLEASE PLACE LABEL IN THIS SPACE

## FOR OFFICIAL USE ONLY

## COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED  
(yr., mo., & day)

F V A T 0 0 0 6 2 1 5 2 4 2 1

A

8 0 0 8 1 8

Aug 18 80 000072

## I. NAME OF INSTALLATION

E N L Y N P L A N T A P P A L A C H I A N P O W E R C O

## II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 P O B O X 2 0 2 1

CITY OR TOWN

ST.

ZIP CODE

4 R O A N O K E

V A 2 4 0 2 2

## III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 U S R T 4 6 0

CITY OR TOWN

ST.

ZIP CODE

6 G L E N L Y N

V A 2 4 0 9 3

## INSTALLATION CONTACT

NAME AND TITLE (last, first, &amp; job title)

PHONE NO. (area code &amp; no.)

2 R E N O R T H U P E N V I R O N . A F F . D I R . 7 0 3 - 3 4 4 - 1 4 1 1

## V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 A P P A L A C H I A N P O W E R C O M P A N Y

B. TYPE OF OWNERSHIP  
(enter the appropriate letter into box)

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

F = FEDERAL  
M = NON-FEDERAL

M

☒ A. GENERATION☒ B. TRANSPORTATION (complete item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

## VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☒ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

## VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

## IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.



```
*
*      Other:
* HW Burner/Blender:
* NHW Used Oil Recycler:
* -----
* Underground Injection Control:
* Recycler:
*
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F8-Help
*****

*****
*
*      RCRIS: Notification View Screen 5 of 6
*****
*      EPA ID:  VAD001894542  Other ID:      Source:  N
*
*      Hazardous Waste Codes:  Specific/Non-Specific/Commercial/Chemical
*                               D000   D001   D002   D003   D007
*                               F001   F002   F003   F005
*
*
*
*
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*
*
*
*
*
*****
*Enter-Continue      F1-Previous Screen      F3-Exit
*F8-Help             F9-First      F10-Next
*****
```

```

*****
*                               RCRIS: Notification View Screen 2 of 6                               *
*****
*EPA ID: VAD001894542      Other ID:                               Merge Send: Y                      *
*Date Received(MMDDYY): 081880   Source( N/E/S ): N Non-Notifier Flag:                      *
*Date Acknowledged (MMDDYYYY):                               Send Acknowledgement:          *
*Name of Installation: APPAL POWER CO GLEN LYN                      *
*                               Installation Location Address                      *
*Streets: US RT 460                      *
*City: GLEN LYN                      State: VA Zip: 24093                      *
*County Code: 071      County Name: GILES                      *
*                               Installation Mailing Address                      *
*Streets: P O BOX 2021                      *
*City: ROANOKE                      State: VA Zip: 24022                      *
*                               Contact Information                      *
*   Last Name      First Name      Title      Phone      Address(M,L,O) *
* NORTHUP          R.              E. ENVIRON AFF  7039852429      L                      *
*Streets: US RT 460                      *
*City: GLEN LYN                      State: VA Zip: 24093                      *
*Land Type:                      *
*****
*   Enter-Continue      F1-Previous Screen      F3-Exit                      *
*   :*****

```

```

*****
*                               RCRIS: Notification View Screen 3 of 6                               *
*****
* EPA ID: VAD001894542      Other ID:                               Source: N                      *
*                               *
* Owner Sequence Number: 1                      *
* Ownership: APPALACHIAN POWER COMPANY                      Type of Owner: P                      *
*                               *
*                               Address of Owner/Operator                      *
*                               *
*   Street: P O BOX 2021                      *
*   City: ROANOKE                      State: VA Zip Code 24022                      *
*   Phone: 7039852300                      *

```

Current/Previous Indicator: CO Change Date(MMDDYY):

```

*
*
*
*****
* Enter-Continue      F1-Previous Screen      F3-Exit      F5-Curr. Owner      *
* F6-Prev. Owner      F8-Help      F9-First      F10-Next                      *
*****

```

```

*****
*                               RCRIS: Notification View Screen 4A of 6                               *
*****
* EPA ID: VAD001894542      Other ID:                               Source: N                      *
*                               *
*                               RCRA Reg      RCRA Reg      State Reg      State Reg      *
* Waste Activity      Type      Status      Desc      Status      Desc                      *
* -----
* HW Generator:      3      R                      *
* HW TSD:      X      R                      *
* HW Transporter:      X      R                      *
* Transport Mode: Air:      Rail:      Highway: X      Water:                      *

```



Please refer to the Instructions for Filling Notification before completing this form. The information requested here is required by law (Section 3010 of the Resource Conservation and Recovery Act).



# Notification of Regulated Waste Activity

United States Environmental Protection Agency

Date Received  
(For Official Use Only)

I. Installation's EPA ID Number (Mark 'X' in the appropriate box)

☐ A. First Notification

☒ B. Subsequent Notification  
(Complete Item C)

C. Installation's EPA ID Number

V A D 0 0 1 8 9 4 5 4 2

II. Name of Installation (include company and specific site name)

A E P G L E N L Y N P L A N T

III. Location of Installation (Physical address not P.O. Box or Route Number)

Street

H W Y 4 6 0

Street (Continued)

City or Town

L E N L Y N

State

Zip Code

V A 2 4 0 9 3 -

County Code

County Name

G I L E S

IV. Installation Mailing Address (See Instructions)

Street or P.O. Box

R O U T E 1 B O X 2 0

City or Town

G L E N L Y N

State

Zip Code

V A 2 4 0 9 3 -

V. Installation Contact (Person to be contacted regarding waste activities at site)

Name (Last)

(First)

T O W N L E Y

E V E R E T T

b Title

Phone Number (Area Code and Number)

P L A N T M A N A G E R

5 4 0 - 7 2 6 - 3 6 5 7

VI. Installation Contact Address (See Instructions)

A. Contact Address

Location Mailing Other

☐ ☒ ☐

B. Street or P.O. Box

S A M E

City or Town

State

Zip Code

VII. Ownership (See Instructions)

A. Name of Installation's Legal Owner

A P P A L A C H I N P O W E R C O M P A N Y

Street, P.O. Box, or Route Number

4 0 F A N K L I N R O A D

City or Town

State

Zip Code

R O A N O K E

V A

2 4 0 2 2 -

Phone Number (Area Code and Number)

5 4 0 - 9 8 5 - 2 3 0 0

B. Land Type

P

C. Owner Type

P

D. Change of Owner Indicator

Yes

No

(Date Changed)

Month

Day

Year

0 3 2 2 9 6



Please print or type with ELITE type (12 characters per inch) in the unshaded areas only

Form Approved OMB No. 2050-0028 Expires 5-30-96  
GSA No. 2246-EPA-OT

ID - For Official Use Only

## VIII. Type of Regulated Waste Activity (Mark 'X' in the appropriate boxes; Refer to Instructions)

## A. Hazardous Waste Activity

1. Generator (See Instructions)
- ☐ a. Greater than 1000 kg/mo (2,200 lbs.)
- ☒ b. 100 to 1000 kg/mo (200-2,200 lbs.)
- ☐ c. Less than 100 kg/mo (220 lbs.)

2. Transporter (Indicate Mode in boxes 1-5 below)

- ☐ a. For own waste only
- ☐ b. For commercial purposes

## Mode of Transportation

- ☐ 1. Air
- ☐ 2. Rail
- ☐ 3. Highway
- ☐ 4. Water
- ☐ 5. Other - specify

- ☐ 3. Treater, Storer, Disposer (at Installation) Note: A permit is required for this activity; see Instructions.

4. Hazardous Waste Fuel

- ☐ a. Generator Marketing to Burner
- ☐ b. Other Marketers
- ☐ c. Boiler and/or Industrial Furnace

- ☐ 1. Smelter Deterioral

- ☐ 2. Small Quantity Exemption
- Indicate Type of Combustion Device(s)

- ☐ 1. Utility Boiler

- ☐ 2. Industrial Boiler

- ☐ 3. Industrial Furnace

- ☐ 5. Underground Injection Control

## B. Used Oil Recycling Activities

1. Used Oil Fuel Marketer

- ☐ a. Marketer Directs Shipment of Used Oil to Off-Specification Burner
- ☐ b. Marketer Who First Claims the Used Oil Meets the Specifications

2. Used Oil Burner - Indicate Type(s) of Combustion Device(s)

- ☐ a. Utility Boiler
- ☐ b. Industrial Boiler
- ☐ c. Industrial Furnace

3. Used Oil Transporter - Indicate Type(s) of Activity(ies)

- ☐ a. Transporter
- ☐ b. Transfer Facility

4. Used Oil Processor/Re-refiner - Indicate Type(s) of Activity(ies)

- ☐ a. Process
- ☐ b. Re-refine

## IX. Description of Hazardous Wastes (Use additional sheets if necessary)

- A. Characteristics of Nonlisted Hazardous Wastes. (Mark 'X' in the boxes corresponding to the characteristics of nonlisted hazardous wastes your installation handles; See 40 CFR Parts 261.20 - 261.24)

1. Ignitable  
(D001)☒2. Corrosive  
(D002)☐3. Reactive  
(D003)☐4. Toxicity  
Characteristic☐

(List specific EPA hazardous waste number(s) for the Toxicity characteristic contaminant(s))

☐☐☐☐☐☐☐☐☐

- B. Listed Hazardous Wastes. (See 40 CFR 261.31 - 33; See instructions if you need to list more than 12 waste codes.)

1
7

2
8

3
9

4
10

5
11

6
12

- C. Other Wastes. (State or other wastes requiring a handler to have an I.D. number; See instructions.)

1

2

3

4

5

6

## X. Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature

R. E. Mullins, Jr.

Name and Official Title (Type or print)

R. E. MULLINS, JR.

ADMINISTRATIVE/TECHNICAL SVCS. MGR.

Date Signed

3-28-96

## XI. Comments

Note: Mail completed form to the appropriate EPA Regional or State Office. (See Section III of the booklet for addresses.)



### VIII A. Hazardous Waste Activity

- |  | <u>Type</u> | <u>RCRA Reg. Status</u>  | <u>RCRA Reg. Desc.</u> |
|--|-------------|--|------------------------|
| 1. Generator                             | <u>2</u>    |  |                        |
| 2. Transporter                           | <u>N</u>    | <del>N</del>   | <del>2</del>           |
| 3. TSD                                   | <u>N</u>    | <del>N</del>   | <del>3</del>           |
| Mode of Transportation for Transporter   |             |  |                        |
| Air                                      | _____       | _____  | _____                  |
| Rail                                     | _____       | _____  | _____                  |
| Highway                                  | _____       | _____  | _____                  |
| Water                                    | _____       | _____  | _____                  |
| Other                                    | _____       | _____  | _____                  |
| 4. <u>HWF Burner/Blender:</u>            |             |  |                        |
|  | B           | Boiler and/or Industrial Furnace (BIF) only.   |                        |
|  | D           | BIF only; Smelter Deferral.  |                        |
|  | E           | BIF only; Small Quantity Exemption Claimed.  |                        |
|  | N           | Not a Burner/Blender, Verified.  |                        |
|  | X           | Other Burner/Blender Activity.   |                        |
|  | Blank       | Unverified.  |                        |
| a. <u>HWF Marketing to Burner:</u>       |             |  |                        |
|  | X           | Code indicates that the Handler is a generator engaged in marketing burners of hazardous waste fuel activities.  |                        |
| b. <u>HWF Other Marketers:</u>           |             |  |                        |
|  | X           | Code indicates that the Handler is engaged in hazardous waste fuel marketing activities other than generator marketing to burner.                      |                        |
| c. <u>HWF Boiler/Industrial Furnace:</u> |             |  |                        |
|  | B           | Boiler and/or Industrial Furnace (BIF) only.   |                        |
|  | X           | Indication of Activity.  |                        |
| 5. <u>Underground Injection Control:</u> |             |  |                        |
|  | X           | Code indicates that the Handler generates and/or treats, stores, or disposes of hazardous waste and has an injection well located at the installation. |                        |

### VIII B. Used Oil Recycling Activities

1. Used Oil Recycling Activities
    - a. Used Oil Marketer to Burner: \_\_\_\_\_  
X Marketer directs shipments of used oil to burners.
    - b. Used Oil Other Marketer: \_\_\_\_\_  
X Handler is engaged in marketing of off-spec. used oil fuel other than generator marketing to burner (e.g., marketing to UO refinery).
  2. Used Oil Burner: \_\_\_\_\_  
X Indication of Activity.
- Burner Types:
- |  |                                      |                              |
|--|--------------------------------------|------------------------------|
| Utility Boiler<br>H=Hazardous Waste Fuel | Industrial Boiler<br>U=Used Oil Fuel | Industrial Furnace<br>B=Both |
|--|--------------------------------------|------------------------------|
3. Used Oil Transporter: \_\_\_\_\_  
T=Transporter      F=Transfer      B=Both
  4. Used Oil Processor/Re-refiner: \_\_\_\_\_  
P=Process Only      R=Refine Only      B=Both



910  
ney are not a TSD or transporter

change name, mailing address, contact, contact address, owner, owner address, type  
add waste codes

RESOURCE CONSERVATION AND RECOVERY INFORMATION SYSTEM  
MAINTENANCE FORM FOR EPA NOTIFICATION

I. EPA-ID# VIA0001894542 Date: 4-11-96

II. FACILITY NAME Appal Power Co Glen Lyn

NEW FACILITY NAME

Name Change AEP Glen Lyn Plant

III. LOCATION OF INSTALLATION

Street \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

County Code \_\_\_\_\_ County Name \_\_\_\_\_

IV. INSTALLATION MAILING ADDRESS

Street Rt 1 Box 20

City/Town Glen Lyn State VA Zip 24093

V. INSTALLATION CONTACT

Last Name townley First Everett

Job Title Plt Mgr Phone # (540) 726-3657

VI. INSTALLATION CONTACT ADDRESS

Street Same as mailing

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

VII. OWNERSHIP

Name of Legal Owner \_\_\_\_\_

Street 40 Franklin Rd

City/Town Roanoke State VA Zip 24022

Phone # (540) 985-2300 Land Type \_\_\_\_\_ Owner Type \_\_\_\_\_

IX. WASTE CODES

Delete Old Waste Codes


Add New Waste Codes


Updated in RCRIS by: BS 4/12

HST Date: 4-12-96



<b>FORM 1</b> <b>GENERAL</b>	 <b>EPA</b>	<b>U.S. ENVIRONMENTAL PROTECTION AGENCY</b> <b>GENERAL INFORMATION</b> Consolidated Permits Program <i>(Read the "General Instructions" before starting.)</i>	<b>I. EPA I.D. NUMBER</b> <div style="border: 1px solid black; padding: 2px;"> <b>VAD001894542</b> </div>
<b>LABEL ITEMS</b> <b>I. EPA I.D. NUMBER</b> <b>III. FACILITY NAME</b> <b>V. FACILITY MAILING ADDRESS</b> <b>VI. FACILITY LOCATION</b>		<div style="border: 1px solid black; padding: 5px;"> <b>GENERAL INSTRUCTIONS</b>            If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.         </div>	
<div style="border: 1px solid black; padding: 5px;"> <b>II. POLLUTANT CHARACTERISTICS</b>  <b>INSTRUCTIONS:</b> Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.         </div>		<div style="border: 1px solid black; padding: 5px;"> <b>VAT000621524</b>  <b>Appalachian Power Company</b>  <b>Glen Lyn Plant</b>  <b>P. O. Box 2021</b>  <b>Roanoke, Virginia 24022</b>  <b>Attention: R. E. Northup</b>  <b>Glen Lyn, Virginia</b>  <div style="border: 1px solid black; padding: 2px; margin-top: 5px;"> <b>VAD 00 189 4542</b>  <b>Appalachian Power Co.-Glen Lyn</b> </div> </div>	

SPECIFIC QUESTIONS	MARK 'X'			SPECIFIC QUESTIONS	MARK 'X'		
	YES	NO	FORM ATTACHED		YES	NO	FORM ATTACHED
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)		X	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)	X*			D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)		X	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)	X		X	F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)		X	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)		X	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		X	

**NAME OF FACILITY**

**SKIP** APPALACHIAN Power Co - Glen Lyn Plant

**IV. FACILITY CONTACT**

<b>A. NAME &amp; TITLE (last, first, &amp; title)</b>	<b>B. PHONE (area code &amp; no.)</b>
<u>E. L. KROPP</u>	
<u>NORTHUP R E ENVIRON. AFF. DIR.</u>	<u>7.0.3 9.8.5 2.4.2.9</u>

**V. FACILITY MAILING ADDRESS**

<b>A. STREET OR P.O. BOX</b>	<b>B. CITY OR TOWN</b>	<b>C. STATE</b>	<b>D. ZIP CODE</b>
<u>P O BOX 2021</u>	<u>ROANOKE</u>	<u>V.A</u>	<u>2.4.0.2.2</u>

**VI. FACILITY LOCATION**

<b>A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER</b>	<b>B. COUNTY NAME</b>		
<u>U.S. RT. 46.0</u>	<u>GILES</u>		
<b>C. CITY OR TOWN</b>	<b>D. STATE</b>	<b>E. ZIP CODE</b>	<b>F. COUNTY CODE (if known)</b>
<u>GLEN LYN</u>	<u>V A</u>	<u>2.4.0.9.3</u>	

\*This Form 1 is submitted to obtain a RCRA Permit. The facility already has a NPDES Permit.



CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND																	
C	7	4	9	1	1	(specify) ELECTRIC SERVICES					C	7	N	A	(specify)												
15	16	-	19											15	16	-	19										
C. THIRD										D. FOURTH																	
C	7	N	A	(specify)							C	7	N	A	(specify)												
15	16	-	19											15	16	-	19										

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
C	8	A	P	P	A	L	A	C	H	I	A	N	P	O	W	E	R	C	O	M	P	A	N	Y																												<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO							
15	16																																			55	66																						
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																													
F = FEDERAL S = STATE P = PRIVATE M = PUBLIC (other than federal or state) O = OTHER (specify)																														A 7 0 3 9 8 5 2 3 0 0																													
E. STREET OR P.O. BOX																																																											
P O BOX 2021																																																											
F. CITY OR TOWN																														G. STATE										H. ZIP CODE										IX. INDIAN LAND									
B R O A N O K E																														V A										2 4 0 2 2										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									
																																																		52									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)																														D. PSD (Air Emissions from Proposed Sources)																																			
C	9	N	V	A	0	0	0	3	7	0																				C	9	P	N	A																															
15	16	17	18																		30	15	16	17	18																		30	15	16	17	18																		30
B. UIC (Underground Injection of Fluids)																														E. OTHER (specify)																																			
C	9	U	N	A																				C	9	1	2	3	7																				(specify) VIRGINIA STATE WATER CONTROL BOARD - WASTEWATER																
15	16	17	18																		30	15	16	17	18																		30																						
C. RCRA (Hazardous Wastes)																														E. OTHER (specify)																																			
C	9	R																				C	9	7	7	1																				(specify) VIRGINIA DEPT. OF HEALTH SANITARY WATER SUPPLY																			
15	16	17	18																		30	15	16	17	18																		30																						

XI. MAP

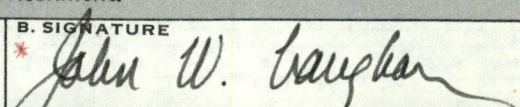
Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

ELECTRIC GENERATING STATION - ONE 95 MW COAL-FIRED UNIT AND ONE 240 MW COAL-FIRED UNIT. BOTH UNITS HAVE ELECTROSTATIC PRECIPITATORS AND ONCE-THROUGH COOLING WATER SYSTEMS.

XIII. CERTIFICATION (see instructions)

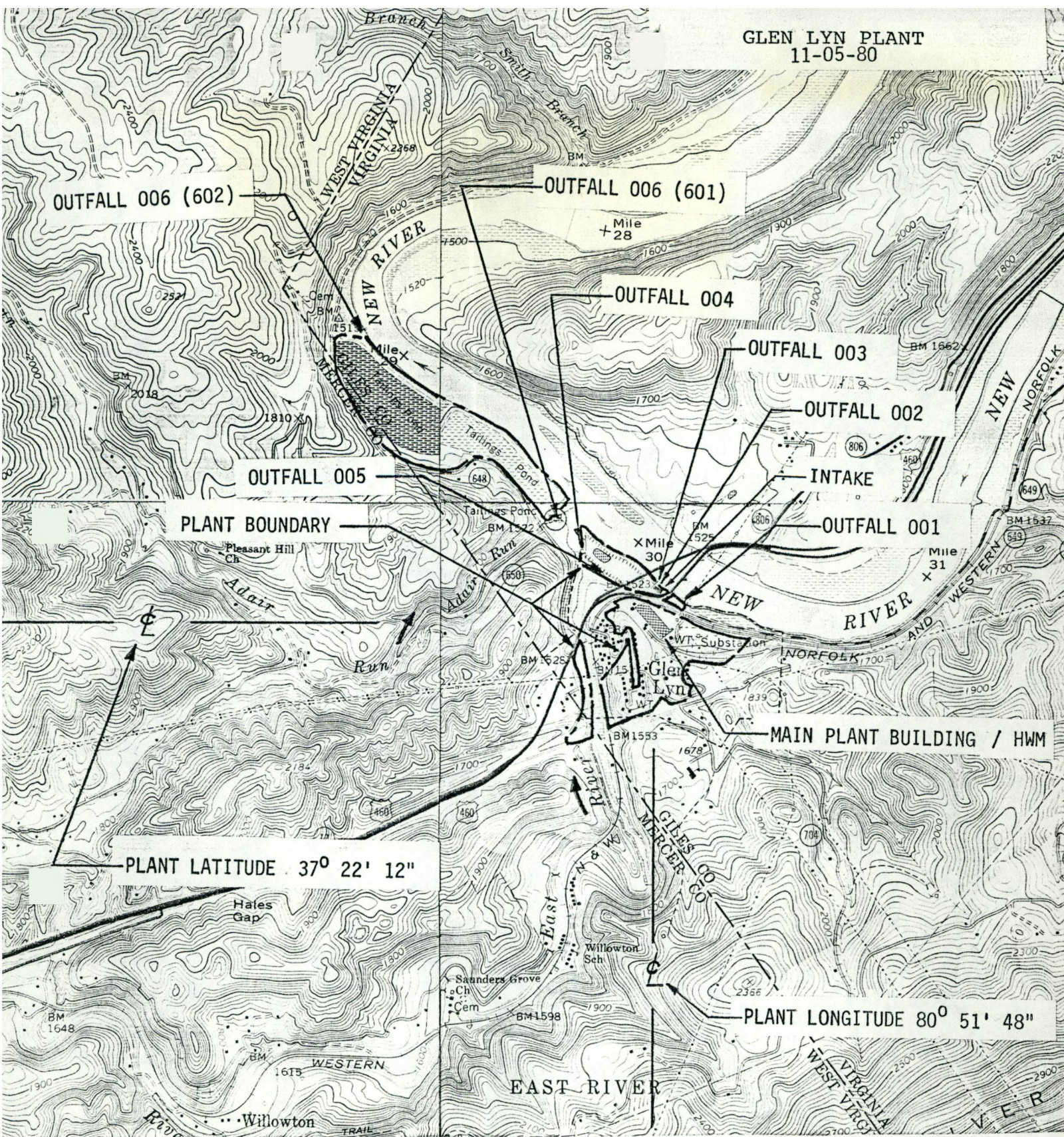
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																														B. SIGNATURE																				C. DATE SIGNED									
John W. Vaughan, President																																																		11-13-80									

COMMENTS FOR OFFICIAL USE ONLY

C																																																		
15	16																																																	55









U.S. ENVIRONMENTAL PROTECTION AGENCY  
HAZARDOUS WASTE PERMIT APPLICATION

Consolidated Permits Program

(This information is required under Section 3005 of RCRA.)

I. EPA I.D. NUMBER

S	F	V	A	T	0	0	0	6	2	1	5	2	4	T/A	C
1	2													13	14 15

II. FIRST OR REVISED APPLICATION

APPLICATION APPROVED	DATE RECEIVED (yr., mo., & day)

COMMENTS

II. FIRST OR REVISED APPLICATION

Place an "X" in the appropriate box in A or B below (mark one box only) to indicate whether this is the first application you are submitting for your facility or a revised application. If this is your first application and you already know your facility's EPA I.D. Number, or if this is a revised application, enter your facility's EPA I.D. Number in Item I above.

A. FIRST APPLICATION (place an "X" below and provide the appropriate date)

☒ 1. EXISTING FACILITY (See instructions for definition of "existing" facility. Complete item below.)

☐ 2. NEW FACILITY (Complete item below.)

C	YR.	MO.	DAY	FOR EXISTING FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR THE DATE CONSTRUCTION COMMENCED (use the boxes to the left)
8	4	4	0	0
15	73 74	75 76	77 78	

YR.	MO.	DAY	FOR NEW FACILITIES, PROVIDE THE DATE (yr., mo., & day) OPERATION BEGAN OR IS EXPECTED TO BEGIN
73 74	75 76	77 78	

B. REVISED APPLICATION (place an "X" below and complete Item I above)

☐ 1. FACILITY HAS INTERIM STATUS

☐ 2. FACILITY HAS A RCRA PERMIT

III. PROCESSES - CODES AND DESIGN CAPACITIES

A. PROCESS CODE - Enter the code from the list of process codes below that best describes each process to be used at the facility. Ten lines are provided for entering codes. If more lines are needed, enter the code(s) in the space provided. If a process will be used that is not included in the list of codes below, then describe the process (including its design capacity) in the space provided on the form (Item III-C).

B. PROCESS DESIGN CAPACITY - For each code entered in column A enter the capacity of the process.

1. AMOUNT - Enter the amount.

2. UNIT OF MEASURE - For each amount entered in column B(1), enter the code from the list of unit measure codes below that describes the unit of measure used. Only the units of measure that are listed below should be used.

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Storage:		
CONTAINER (barrel, drum, etc.)	S01	GALLONS OR LITERS
TANK	S02	GALLONS OR LITERS
WASTE PILE	S03	CUBIC YARDS OR CUBIC METERS
SURFACE IMPOUNDMENT	S04	GALLONS OR LITERS

Disposal:		
INJECTION WELL	D79	GALLONS OR LITERS
LANDFILL	D80	ACRE-FEET (the volume that would cover one acre to a depth of one foot) OR HECTARE-METER
LAND APPLICATION	D81	ACRES OR HECTARES
OCEAN DISPOSAL	D82	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	D83	GALLONS OR LITERS

UNIT OF MEASURE	UNIT OF MEASURE CODE
GALLONS	G
LITERS	L
CUBIC YARDS	Y
CUBIC METERS	C
GALLONS PER DAY	U

UNIT OF MEASURE	UNIT OF MEASURE CODE
LITERS PER DAY	V
TONS PER HOUR	D
METRIC TONS PER HOUR	W
GALLONS PER HOUR	E
LITERS PER HOUR	H

PROCESS	PROCESS CODE	APPROPRIATE UNITS OF MEASURE FOR PROCESS DESIGN CAPACITY
Treatment:		
TANK	T01	GALLONS PER DAY OR LITERS PER DAY
SURFACE IMPOUNDMENT	T02	GALLONS PER DAY OR LITERS PER DAY
INCINERATOR	T03	TONS PER HOUR OR METRIC TONS PER HOUR; GALLONS PER HOUR OR LITERS PER HOUR
OTHER (Use for physical, chemical, thermal or biological treatment processes not occurring in tanks, surface impoundments or incinerators. Describe the processes in the space provided; Item III-C.)	T04	GALLONS PER DAY OR LITERS PER DAY

UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE	UNIT OF MEASURE	UNIT OF MEASURE CODE
ACRE-FEET	A	LITERS PER DAY	V	ACRE-FEET	A
HECTARE-METER	F	TONS PER HOUR	D	HECTARE-METER	F
ACRES	B	METRIC TONS PER HOUR	W	ACRES	B
HECTARES	Q	GALLONS PER HOUR	E	HECTARES	Q
		LITERS PER HOUR	H		

EXAMPLE FOR COMPLETING ITEM III (shown in line numbers X-1 and X-2 below): A facility has two storage tanks, one tank can hold 200 gallons and the other can hold 400 gallons. The facility also has an incinerator that can burn up to 20 gallons per hour.

S	DUP										T/A	C	
C												1	
1	2											13	14 15

LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY	LINE NUMBER	A. PROCESS CODE (from list above)	B. PROCESS DESIGN CAPACITY		FOR OFFICIAL USE ONLY
		1. AMOUNT (specify)	2. UNIT OF MEASURE (enter code)				1. AMOUNT	2. UNIT OF MEASURE (enter code)	
X-1	S 0 2	600	G		5				
X-2	T 0 3	20	E		6				
1	S 0 1	550	G		7				
2	S 0 2	20,000	G		8				
3	T 0 4	144,000	U		9				
4					10				



**III. PROCESSES (continued)**

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

T04 - METAL CLEANING WASTES ARE BURNED IN THE PLANT BOILERS. SEE ATTACHMENT, ITEM III.

**IV. DESCRIPTION OF HAZARDOUS WASTES**

**A. EPA HAZARDOUS WASTE NUMBER** — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

**B. ESTIMATED ANNUAL QUANTITY** — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

**C. UNIT OF MEASURE** — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE                      CODE  
POUNDS . . . . . P  
TONS . . . . . T

METRIC UNIT OF MEASURE                      CODE  
KILOGRAMS . . . . . K  
METRIC TONS . . . . . M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

**D. PROCESSES****1. PROCESS CODES:**

**For listed hazardous waste:** For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

**For non-listed hazardous wastes:** For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

**Note:** Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

**2. PROCESS DESCRIPTION:** If a code is not listed for a process that will be used, describe the process in the space provided on the form.

**NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER** — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

**EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below)** — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO. /JZ	A. EPA HAZARD. WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEA- SURE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above



EPA I.D. NUMBER (enter from page 1)															FOR OFFICIAL USE ONLY																							
S W V A T 0 0 0 6 2 1 5 2 4 T/A C 1															S W D U P T/A C 2 D U P																							
1 2 - 13 14 15															1 2 - 13 14 15 23 - 26																							
IV. DESCRIPTION OF HAZARDOUS WASTES (continued)																																						
LINE NO.	A. EPA HAZARD. WASTE NO. (enter code)				B. ESTIMATED ANNUAL QUANTITY OF WASTE				C. UNIT OF MEASURE (enter code)	D. PROCESSES																												
										1. PROCESS CODES (enter)								2. PROCESS DESCRIPTION (if a code is not entered in D(1))																				
	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60
1	F	0	0	1										P	S	0	1																					
2	D	0	0	1										T	S	0	1																					
3	D	0	0	7										T	S	0	2	T	0	4																		*See Attachment
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## IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.

T04 - METAL CLEANING WASTES ARE BURNED IN THE PLANT BOILERS. SEE ATTACHMENT, ITEM III.

EPA I.D. NO. (enter from page 1)

S	F	V	A	T	0	0	0	6	2	1	5	2	4	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

## V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

## VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

## VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, &amp; seconds)

3	7	2	2	1	2
65	66	67	68	69	71

LONGITUDE (degrees, minutes, &amp; seconds)

8	0	5	1	4	8
72	74	75	76	77	79

## VIII. FACILITY OWNER

☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code &amp; n)

C	E	N/A	55	56	58	59	61	62	65
15	16								

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

C	F	N/A	C	G	40	41	42	47	51
15	16		45	15	16				

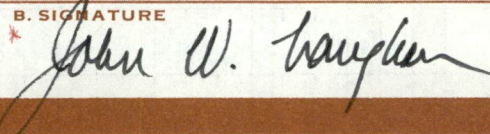
## IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

John W. Vaughan, President

B. SIGNATURE



C. DATE SIGNED

11-13-80

## X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Same

B. SIGNATURE

C. DATE SIGNED



FLYASH POND

ASH STORAGE AREA

NEW RIVER

APPALACHIAN POWER CO.  
GLEN LYN PLANT

SCALE: 1" = 800' DATE 11-6-80

Note: Hazardous wastes consist of metal cleaning wastes and waste cleaning solvents. Metal cleaning wastes are stored in temporary tanks after each boiler tube job until burned in the plant boilers. Cleaning solvents are stored prior to burning for heat value.

FLYASH POND

ISLAND

ISLAND

BOTTOM ASH PONDS

EAST RIVER

RT. 460

ENTRANCE GATE

PRECIPITATOR

144± Ac.

STACK

PLANT BLDGS

SUBSTATION

COAL STORAGE

PROPERTY LINE





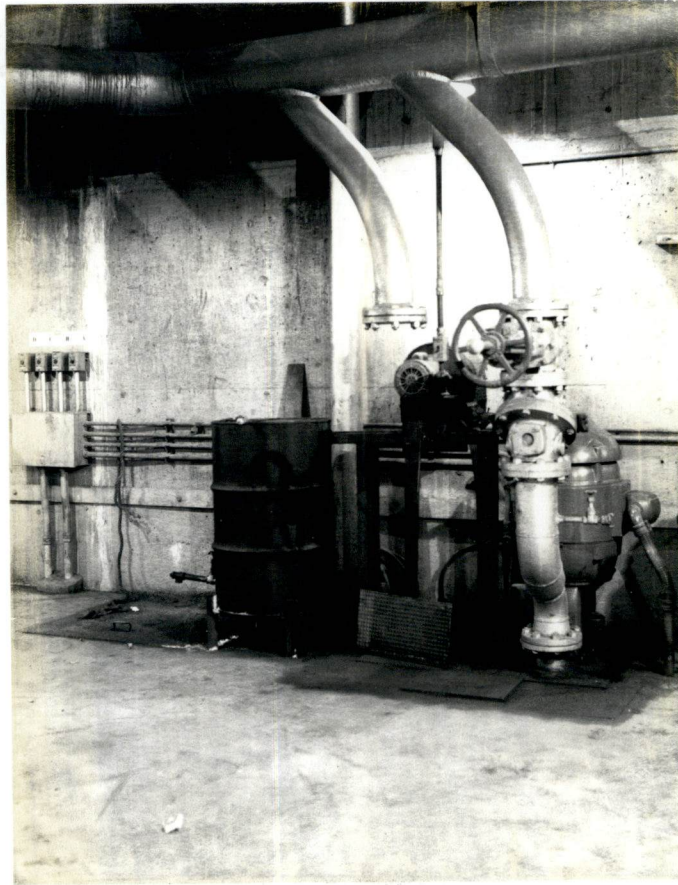
GLEN LYN PLANT  
Photo Taken on 11-5-80





Waste Oil and Waste Solvent Drums Near Unit #6  
Turbine Room. Photo Taken 10/20/80

*Alverna Bond*



Turbine Room Sump Waste Oil and Waste Solvent Drum  
Photo Taken on 10/20/80





Maintenance Oils and Waste Solvent Drum Near  
Unit #5. Photo Taken on 10/20/80



ATTACHMENT TO HAZARDOUS WASTES APPLICATION  
(Form 1 and Form 3)

The information submitted below will supplement Form 1 and Form 3 data with the goal of clarification.

Form 1

No entries.

Form 3

Item II: The first generating unit was put into service on June 1, 1944, with Unit 2 following on May 20, 1957.

Item III: The hazardous wastes handled at this facility consist of used cleaning solvents and metal cleaning wastes. Used cleaning solvents are collected in drums prior to burning for Btu value. Metal cleaning wastes are generated only during a boiler tube cleaning operation occurring approximately once per year. Metal cleaning wastes are stored in temporary storage tanks brought in for each cleaning job and may or may not be hazardous depending upon several variables. After completion of the cleaning operation, metal cleaning wastes are burned in the plant boilers (T04).



FROM  
APPALACHIAN POWER COMPANY  
40 FRANKLIN ROAD, S. W.  
ROANOKE, VIRGINIA 24022

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To: Ms. Shirley Bulkin  
U. S. EPA, Region III  
P. O. Box 1480  
Philadelphia, Pa. 19106

PS-4 RETURN POSTAGE GUARANTEED

Nov. 17, 1980  
postmark date